



Water Resources Program Request for Determination of Water Budget Neutrality

SURFACE WATER
Please ensure that the form is completely filled out.
Incomplete forms will lead to longer processing times, and may be rejected.

| Section 1. APPLICANT | 1 601 - 31 | * CHLENG |
|---|-----------------------------|------------------------------|
| Applicant/Business Name: ShINABER GER | Phone No: 360 769 2009 | Other No: |
| Address: 951 Bulman Rd S | E.E. | |
| Address: 951 BULMAN Rd S City: Port orchard | State: | Zip: 98364 |
| Email Address (optional): | A STATE OF THE O | Control of the second second |
| Contact Name (if different from above): | Phone No: | Other No: |
| Relationship to Applicant: | | ADLAD |
| Address: | | 987 |
| City: | State: | Zip: |
| Email Address (optional): | | |
| Section 2. STATEMENT OF INTENT Briefly describe the purpose of your proposed project: | Tall WEll fo | R CABIN |
| Anticipated length of time to complete your project: s this for an existing use, established prior to July 16, 2009? f yes, when was the water first regularly and beneficially used? | 1 63 7 140 | 6 02 5 7/1 52 |
| For Ecology Use APPLICATION NO: 64-35654 Fee Paid: Check No: 6 | SEPA:ECY Coding: 001-001-WI | Exempt/Not Exempt |
| | | |

| Water Use: List all prop lawn or commercial garde | | | | , stock water | erin | | trial.) | domestic, group domestic, | |
|---|-------------------------------------|--|------------|---------------|--|-----------------|------------|---|--|
| Purpose(s) of Use | Si (f.) Si (f.) Si (f.) | Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM) | | | Total Water Use* in Acre-Feet per Year (AF/YR) (If known) | | et per | Period of Use (Continuously or Seasonal) | |
| Domestic | | 200 GPD | | | 100 | 0.06 | AFY | Continuous/ | |
| | , V - * | | | 3. 0 | 超 | | | | |
| | | | | ¥ 6 | 100 | | | | |
| TO | TAL: | 1 | 200 G | IPD | H | 0.06 | AFY | 1 | |
| located at: http://www.ecy.wa.gov/prog Section 3. POINT Complete | OF D A or B | IVERS | ION O | R WITE | ID | RAWA | L · | | |
| A.) If Surface Water Source | | | | | B.) If Ground Water Source | | | | |
| ☐ Spring ☐ Creek ☐ River ☐ Lake ☐ Other: Source Name: | | | | | Do you have an existing well? YES NO Well(s) Other: | | | | |
| Tributary to: Number of proposed diversion points: Do you have an existing diversion? YES NO | | | | | Existing well diameter & depth: If available, attach Water Well Report and pump test. Well Tag ID No Number of proposed points of withdrawal: | | | | |
| | | | | | | 建造 | 100 p | | |
| C.) Point of Diversion | Withd | rawal – | Legal Do | escription | | and the late of | | errein person i en l'arrès. | |
| Parcel No. | 1/4 | 1/4 | Section | Townshi | р | Range | | County | |
| 23 1435020 0806 | NE | NW | 35 | 23 | | 14 | Ki | Titas | |
| Lot(s) | | Block(s | 5) | S | | Subdivision | | 10 (10 A) | |
| / If available, GPS (Global | Position | ing Syst | em) device | e location: | | | | | |
| Latitude: | N L | ongitude | | W | :):_ | | (rec | quired for all GPS locations) | |
| If known, enter the distant | | | | | | | I to the n | earest section corner: | |

| Water Use: List all propoler lawn or commercial garde | | cipal wat | er supply, | | rin | g or indust | | domestic, group domestic, |
|---|-----------|---|------------|--------------|--|--------------------|---|--|
| | | | | | | 100 | | |
| Purpose(s) of Use | | Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM) | | | Total Water Use* in Acre-Feet per Year (AF/YR) (If known) | | et per | Period of Use (Continuously or Seasonal) |
| Domestic | | 200 GPD | | 122 | 0.06 | AFY | Continuous/Y | |
| | | | | | 172 | no. | - C | The state of the s |
| * j * j | | | | | | | | |
| | | | | i f. | | | | |
| TO | TAL: | 1 | 200 G | 1PD | 1 | 0.06 | BFY | |
| located at: http://www.ecy.wa.gov/prog Section 3. POINT | rams/wr/ | cro/wtrxc | hng.html | | l ac | re-foot = 32 | 25,851 ga L | llons). For example calculations, |
| Complete | A or B | , and C | below | | | | 7 7 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 | many many many many many many many many |
| A.) If Surface Water Source | | | | | B.) If Ground Water Source | | | |
| Spring Creek River Lake | | | | | Do you have an existing well? YES NO | | | |
| Other: | | | | | ☐ Well(s) ☐ Other: | | | |
| Source Name: | | - 20 22 1 | | _ _ | | | | |
| Tributary to: | | | | | Existing well diameter & depth: | | | |
| | | | | If a | vai | lable, attac | h Water | Well Report and pump test. |
| Number of proposed diversion points: | | | | We | Well Tag ID No | | | |
| Do you have an existing of | liversion | 1? ☐ YE | S 🗌 NO | Nu | mb | | | ts of withdrawal: |
| C.) Point of Diversion | Withd | rawal – | Legal De | escription | | | A.C. L. | e proparticamento de la composición del composición de la composic |
| Parcel No. | 1/4 | 1/4 | Section | Township | p | Range | | County |
| 23 1435020 0806 | NE | NW | 35 | 23 | | 14 | Ki | Titas |
| Lot(s) | | Block(s | | | | 3-9 9-5 x - 1-5 | | |
| 1 | | | | | | le tod i s | 4-11-4 | |
| If available, GPS (Global | Position | ing Syste | em) device | e location: | | | | |
| Latitude: | N L | ongitude | | W | | | | |
| Datum and units (for exam | nple NA | D83 and | decimal d | degrees, etc |):_ | | (req | uired for all GPS locations) |
| If known, enter the distant | ces in fe | et from t | he point o | f diversion | or ' | withdrawa | I to the n | earest section corner: |
| Feet (North/ | South |) and | feet (| East/ |] W | 'est) | | |

| drain field. | | | |
|---|---|---|--|
| E.) Sanitary Sewer System | | | |
| Will domestic wastewater be dis | charged to a sanitary sewer system | n? YES \ NO | |
| If yes, please provide a copy of t | he sewer utility agreement that so | erves the proposed p | roject. |
| F.) Irrigation | | A Section 1 Control | |
| Total number of acres requested NOTE: Outline the area to be in | to be irrigated under this applicate rigated on your attached map. | | Acres or square fee 43,560 square feet) |
| Section 5. MITIGATIO | N | * 118 35 - 16 11 1 ₂ | and the state of t |
| identify an existing trust water rimust: Contribute an equal or g Parker. Have a priority date earl | r instream flow protection and mi | ce a water right in tro | ust. The trust water right(s) |
| | water right(s) for use as mitigation | on, | |
| Water Right No. | Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM) | Acre-Feet per Year (AF/YR) (If known) | Priority Date |
| | | | A Charactal Law English |
| | | | |
| | | | |
| | TOTAL: | | |
| | VINGER DOOR | nt(s) into trust for us | e as mitigation. |
| Please identify the pending a | ht Application | Acre-Feet per Year (AF/YR) (If known) | e as mitigation. Priority Date |
| Please identify the pending a | ht Application application(s) to place a water right Rate (check one box only) Cubic Feet per Second (CFS) | Acre-Feet per Year (AF/YR) (If | |
| Water Right No. | ht Application pplication(s) to place a water rigit Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM) | Acre-Feet per Year (AF/YR) (If known) | |

ECY 070-371 (Revised 07/2011) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

acquired to offset consumptive use associated with this proposed new use of groundwater:

| from the (NW SW NE SE) corn | er of Section |
|--|--|
| | |
| | |
| | |
| nap identifying the well location within the parcel is equest (see below). Attach a map of your project showing the point of e sure to include a complete copy of the plat map sted in Section 3 matches the well location on the | al, attach additional information on a separate sheet of paper required for all existing wells proposed for use under this diversion/withdrawal and place of use. If platted proper Please ensure that the well location and parcel number site map and on the well log. If there are any difference of paper. Unclear well locations may cause delays in |
| Section 4. WATER SYSTEM INFOR | |
| Complete A or B, C, D, E and F b A.) Domestic Water Systems only | B.) Municipal Water Systems only (defined under RCW 90.03.015) |
| Projected number of connections to be served: | Present population to be served water: |
| Type of connections: Rec. Carsin (e.g., home, recreational cabin) | Estimate future population to be served: (20 year projection) |
| C.) Water System Planning | parties though their the |
| Do you have a Water System Plan approved by the Division? YES NO | Washington State Department of Health, Drinking Water |
| If yes, date plan was approved// | Water System Number: |
| Name of water system: | |
| Are you within the service area of an existing water If yes, explain why you are unable to connect to the | |
| Section Section 2 Committee | e destinação de la composição de la comp |
| | |
| | THE WAS CAN BEEN RED |
| | |
| D.) On-Site Septic | The control of the Secretary properties and the Secretary of the control of |
| Will there be an on-site septic system? XYES | NO |
| | nt that restricts or prohibits trees or shrubs over the septic |

| | of Section |
|--|--|
| | |
| | |
| ap identifying the well location within the parcel is request (see below). Itach a map of your project showing the point of div | attach additional information on a separate sheet of pape quired for all existing wells proposed for use under this version/withdrawal and place of use. If platted prope Please ensure that the well location and parcel number |
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| Name of water system: | |
| are you within the service area of an existing water sys | stem? TYES NO |
| f yes, explain why you are unable to connect to the sys | stem: |
| | |
| | |
| | |
| | T.A. T. C. |
| | |
|).) On-Site Septic | Selection of the control of the cont |
| Vill there be an on-site septic system? ▼YES □ NO | |

Note: You may wish to refer to the online water use calculator for example consumptive use calculations: http://www.ecy.wa.gov/programs/wr/cro/wtrxchng.html

Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

11-06-2013 Date 11-06-2013

Print Name

(Applicant or authorized representative)

D

(Land Owner, if seeking to use the ground water exemption)

Andre

Signature

Submit this form to:

DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM CENTRAL REGIONAL OFFICE 15 W. YAKIMA AVE, SUITE 200 YAKIMA, WA 98902-3452